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To: U.S. Patent & Trademark Office From: Anton J. Hopen

APR 08 2002

Attn: Stephen J. Castellano - Art Unit 3727 Client: 1287.02

GROUP 3/00

Fax: (703) 872-9302 Pages: 17 including coversheet

Phone: (703) 308-1035 Date: April 8, 2002

Re: USSN 09/682,168 CC: Marshall R. Moore

Urgent For Review Please Comment Please Reply Please Recycle

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Practitioner's Docket No. 1287.02

PATENTS**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

MARSHALL M. MOORE

Serial No.: 09/682,168

Art Unit: 3727
Examiner: Stephen J. Castellano

Filed: 07/21/2001

For: Foam Insulated Fuel Tank (as amended)

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Faxed to Technology Center 3720 at (703) 872-9302

APR 08 2002

Box Fee Amendment

Hon. Commissioner for Patents

GROUP 3700

Washington, D.C. 20231

AMENDMENT TRANSMITTAL

- Transmitted herewith is an amendment for this application.

STATUS

- Applicant is an independent inventor. A statement was already filed.

EXTENSION OF TERM

- The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that an extension of term is required. Petition And Fee For Extension of Time is attached hereto.

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8 (a))

I HEREBY CERTIFY that this Amendment A is being transmitted by facsimile to the United States Patent and Trademark Office, Art Unit 3727, Attn: Stephen J. Castellano, (703) 872-9302 on April 8, 2002.

Dated: April 8, 2002


Deborah Preza

(Amendment Transmittal--page 1)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3) SMALL ENTITY		
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total 17	Minus 20	= 0	x \$9 =	\$0
Indep. 1	Minus 3	= 0	x \$42 =	\$0
First Presentation of Multiple Dependent Claim			+ \$130 =	\$0
			Total Addit. Fee	\$0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
- *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No Additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Deposit Account No. 500745.
 If any additional fee for claims is required, charge Deposit Account No. 500745.



SIGNATURE OF PRACTITIONER

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(Amendment Transmittal—page 2)